Department of Commerce Occupational Safety and Health Report



December 2004

Department of Commerce
Office of Occupational Safety and Health
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Executive Summary

Introduction

This is the Department of Commerce (DOC) Occupational Safety and Health Report for December 2004. This report provides current information about the DOC safety and health program, injury, illness and workers' compensation (WC) data, and helpful tips covering a variety of safety and health topics.

Performance Measures and Analysis

DOC reported 378 injury and illness cases during fiscal year (FY) 2004, 171 that were lost-time cases (See Figure 1).

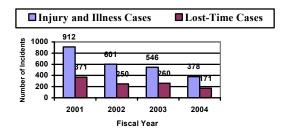


Figure 1. Total injury and illness cases and total lost-time cases for the past 4 fiscal years.

If the year-to-date data is extrapolated throughout the year, DOC will realize an 8.0 percent decrease of injury and illness claims and a 12.3 percent decrease of lost-time claims when compared to FY 2003.

When the data in Figure 1 is converted to rates for comparison across agencies, the injury and illness case rate was 1.01 and the lost-time case rate was 0.46 for FY 2004 (See Figure 2). If the year-to-date data is extrapolated the DOC will realize a 7.8 percent decrease in injury and illness rates and a 12.3 percent decrease of lost-time case rates when compared to FY 2003.

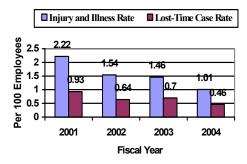


Figure 2. Total injury and illness case rates and total lost-time case rates for the past 4 fiscal years.

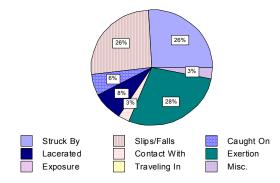


Figure 3. Injury type as a percentage of total injuries FY 2004.

For FY 2004 slips, trips, falls, struck by incidents, and contact incidents make up 80 percent of the injury and illness types reported this year and continue to be DOC's main source of injuries and illness claims. Information on all types of injuries is provided in Figure 3. To address these issues, the Office of Occupational Safety and Health (OOSH) is working on an awareness program that can be exported to the bureaus and agencies.

Consistent with the President's Safety Health and Return-to-Employment (SHARE) initiative, DOC continues to focus on the measurement of average lost production workdays, which is the average number of workdays lost due to an injury or illness. Our goal for FY 2004 was 20.7 lost production days. To date, DOC has seen a 10 percent increase in lost production days when compared to FY 2003 (See Figure 4). The Department is trying to determine the root cause for this increase and will report out during the 2nd Quarter of FY 2005.

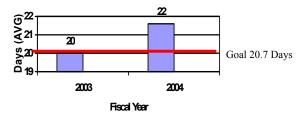


Figure 4. Lost production days for the past 2 fiscal years.

Figure 5 depicts the average time it takes for DOC to process mandatory WC paperwork to the Department of Labor's (DOL) Office of Workers' Compensation Program (OWCP), where the standard is 14 calendar days.

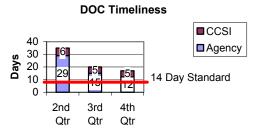


Figure 5. Timeliness of processing injury and illness claims.

FY 2004, 3rd and 4th quarter timeliness data has improved. An aggressive program review identified a significant problem regarding the documentation process where supervisors were not recording the proper dates on the WC forms. The Department has submitted Departmental broadcast announcements to all employees and supervisors to make them aware of the proper WC documentation procedures. These procedures are also addressed in Section One of this month's Occupational Safety and Health (OSH) report.

In FY 2004, DOC's WC costs were \$14,746,201, a \$185,265 savings when compared with FY 2003 costs (See Figure 6). To realize continued reductions, DOC continues to work with DOL to expedite claims processing with the Safety Health Information Management System (SHIMS).

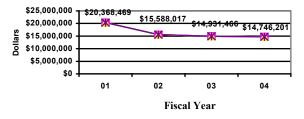


Figure 6. Workers' compensation costs for the past 4 fiscal years.

Additionally, the DOC's Continuation of Pay (COP) has been reduced by \$47,900 for FY 2004, where COP costs have resulted in a total of \$271,360 (See Figure 7). DOC continues to work with DOL to establish a new process to controvert claims to continue potential reductions in COP costs.

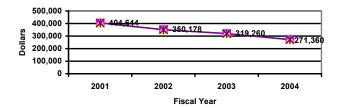


Figure 7. COP costs for the past 4 fiscal years.

Bureau News

Census Bureau to Implement Automated External Defibrillator Program. The Census Bureau recently announced that it will place Automated External Defibrillators (AEDs) in key locations at all of its buildings at Census headquarters Suitland, Maryland. Automated External Defibrillators are small, portable devices that greatly increase sudden heart attack survival rates. According to the American Heart Association, AEDs are reliable and simple to operate, by enabling lay rescuers with minimal training to administer lifesaving intervention. Research has revealed that the amount of time to administer defibrillation is the most critical factor in surviving a sudden cardiac arrest, and this can be reduced if an AED is "onsite" and can be brought to the victim quickly. All eight buildings at the headquarters site will be equipped with AEDs by the end of December 2004. Training of volunteers on the use of AEDs has progressed well, with

196 persons receiving training in the use of AEDs and Cardio-Pulmonary Resuscitation (CPR) thus far. Training sessions are scheduled in December 2004 and January 2005 to accommodate additional volunteers.

NOAA holds OSH and Environmental Compliance Conference. The National Oceanic and Atmospheric Administration (NOAA) held its annual Environmental Compliance, Health, Safety and Security Office (ECHSSO) conference at the Holiday Inn in Silver Spring, Maryland, on November 16-19, 2004. The conference covered a diverse variety of ECHSSO issues, including an update on the NOAA Environmental Compliance and Safety Assessment System (NECSAS) program, a discussion on the proposed new NOAA Bio-Safety Oversight Committee, a presentation on the proposed new SHIMS, a review of the FY 2005 OSH Action Items, and other such topics. Key speakers included: Mr. William Broglie, NOAA's Chief Administrative Officer; Mr. Bruce Zacynski, Director, Safety and Environmental Compliance Office: Mr. Tom Altvater, Chief, Safety Division; and Ms. Jean Durosko, National Ocean Service's Safety and Health Manager. More than 50 persons from all NOAA Lines Offices attended, which included most of the ECHSSO leadership and NOAA OSH managers. The conference provided useful OSH and environmental program information, and received highly favorable comments by the attendees.

DOC Occupational Safety and Health Highlights

Please note: The DOC Quarterly OSH Council meeting has moved from the 3rd Thursday of the month to the 4th Thursday. The next DOC OSH Council meeting is January 27, 2005, $2:00\ P.M.-3:30\ P.M.$, HCHB, ROOM 6808.

Occupational Safety and Health Report December 2004

Introduction

This report complements the Executive Summary and provides an update to Department of Commerce (DOC) managers and employees on the progress of Departmental occupational safety and health initiatives, and information regarding important Departmentwide occupational safety and health issues for December 2004. The report also contains the latest available accident data for the Department. Section One of the report, Program Updates and Safety and Health Tips, provides updates on the occupational safety and health initiatives. Section Two, Injury Statistics, provides statistics regarding DOC injuries, as reported to the Workers' Compensation (WC) Program for October 2004, and an analysis of the data to assist bureaus in focusing their safety efforts

Section One: Program Updates and Safety and Health Tips

<u>Workers' Compensation</u>. To ensure timely and accurate processing of WC documentation, DOCs Office of Human Resources Management (OHRM) requests supervisors carefully follow the guidance below when a Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, is submitted.

• Complete the Supervisor's Report paying particular attention to Number 23, "Date Notice Received," and enter the date you received the Form CA-1 from your employee. Do not enter the date of injury.

Submit the completed form to the Department's WC contractor, Contract Claims Services, Incorporated (CCSI, L.P.), within 2 days.

Safety.

a. <u>Holiday Fire Safety.</u> Holidays are joyous, but they can also be hazardous. The number of home fires caused by candles increases dramatically on Christmas Day, followed by New Year's Day and Christmas Eve. Most candle fires occur when candles are left unattended, and one in four candle fires occur when materials are placed too near the candle. The National Fire Protection Association suggests these candle safety tips:

Only use candles in rooms where there is a responsible adult awake to control and oversee the flame.

- Place candles on stable surfaces, in stable holders that grip the candles and won't tip over
- Use caution if you carry a lit candle, holding it away from cloth or any combustibles that may be near the path you walk. Avoid loose, flowing clothing that is not flame-resistant.

- Keep all candles, Yule logs, menorahs and kinaras away from drapes, trees, and potentially flammable objects.
- Extinguish candles before leaving home or going to sleep.
- Keep candles away from items that can catch fire, such as clothing, books, Christmas trees, decorations, window blinds, and curtains.
- Keep candles away from high-traffic locations where they can be easily knocked over, including any areas accessible to children or pets.

Christmas trees are pretty and enjoyable to view, however they can present serious fire hazards if proper precautions are not observed. Each year, there are over 350 house fires costing over \$15 million caused by Christmas trees. A Christmas tree can be engulfed in flames in 4 seconds, and an entire room can be destroyed in 30 seconds. The leading cause of Christmas tree fires is faulty wiring and bulbs. The National Fire Protection Association suggests these Christmas tree safety tips:

- Use only electrical decorations, extension cords, and other electrical devices which are approved by a national testing laboratory such as Underwriters Laboratory (UL).
- Inspect all wires, bulb holders, and other electrical components on Christmas lights for cracked insulation and other defects before placing on tree.
- Follow manufacturers' directions for use of electrical decorations.
- Always unplug Christmas tree lights when leaving home or going to sleep.
- When purchasing an artificial tree, select a fire-retardant one.
- Keep live trees moist by keeping the water cup at the base of the tree filled. Do not purchase a tree that is dry or is dropping needles.
- b. <u>Avoiding Collisions with Deer.</u> Deer become more active starting in November, and this behavior continues through February. They are particularly active in the morning and evening, when they are in search of a mate, shelter, or food. During this period, deer frequently walk out onto roads, and the number of vehicle collisions rise significantly. The American Automobile Association (AAA) offers these tips to avoid collisions:

Be aware and cautious:

- Buckle up and obey the speed limit.
- Look for "deer crossing" signs, as they indicate areas where deer movement is frequent.
- Remember deer sightings. Deer are creatures of habit and may use the path again.
- Use high beams when possible.
- Keep headlights clean.
- Turn down dashboard lights for better view.

If deer are crossing or standing in the road:

- Slow down to increase reaction time.
- Look for more deer; they often travel in groups in a single-file line.
- Use the horn. Do not flash headlights as they may cause deer to further fixate on the vehicle.

- Avoid swerving, which can result in crashes with other vehicles, trees, or other obstacles along the side of the road.
- Don't rely on hood-mounted deer whistles or other devices to scare off deer. They may be ineffective.

If you hit a deer:

• Don't try to move a deer; an injured deer might panic and seriously injure you. Call the police or animal control department for assistance. Some jurisdictions require that you report the incident to police.

Health and Wellness.

- a. <u>Tis the Eating Season.</u> From late November through New Year's Eve, the holiday season can seem like a long smorgasbord. The holiday obstacle course of high-fat foods, alcohol, and calories can cause bulging waistlines. Listed below are 10 tips that can make your holiday season a healthy one.
- 1. Forget dieting. Set a goal of trying to maintain your present weight. That way you will have a realistic goal. You allow yourself to indulge here and there, but you don't go over the edge.
- 2. Pace, don't race. Pay attention to how quickly you eat and exactly what you eat and drink. Savor the flavor by eating slowly and choosing your food carefully.
- 3. Remember that alcohol is packed with calories. Choose light beer and wine over mixed drinks. A holiday-sized mixed drink can have as many as 500 calories or more. Drink water instead of alcoholic drinks.
- 4. Offer to bring a favorite low-calorie dish to holiday parties so you know there will be at least one low calorie item available. Standing far away from food, you're not tempted to nibble constantly.
- 5. Make the effort to continue a regular exercise program. It will get your mind off of eating and drinking.
- 6. Don't go to a party or event on an empty stomach. Before going out, snack on chicken or cottage cheese. Protein satisfies and helps you eat less. Some people have the idea that by skipping lunch, or not eating all day, they can eat more later. But skipping meals means your chances of overeating later are much higher.
- 7. Keep an eye on your portion sizes. Instead of eating a large amount of food, try to eat a large variety of foods.

- 8. Don't let a hectic holiday schedule force you to eat fast foods. Prepare and freeze healthy meals. That way you have an option other than high-fat, fast-food meals.
- 9. When the party is at your house, put low-calorie fat-free salad dressings on the menu. Display the table with flavorful vegetable dishes, and make reduced-fat versions of your family's favorite traditional recipes.
- 10. Make decisions about what you're going to eat. Weight management is all about moderation and making healthy decisions.
- b. <u>Coping with Stress and Depression During the Holidays.</u> The holiday season is a time full of joy, cheer, parties, and family gatherings. However, for many people, it is a time for self-evaluation, loneliness, reflection on past failures, and anxiety about an uncertain future.
- c. What Causes Holiday Blues? Many factors can cause the "holiday blues:" stress, fatigue, unrealistic expectations, over-commercialization, financial constraints, and the inability to be with one's family and friends. The demands of shopping, parties, family reunions, and houseguests also contribute to feelings of tension. People who do not become depressed may develop other stress responses, such as headaches, excessive drinking, over-eating, and difficulty sleeping. Even more people experience post-holiday let down after January 1. This can result from disappointments during the preceding months, compounded with the excess fatigue and stress.
- 1. Keep expectations for the holiday season manageable. Try to set realistic goals for yourself. Pace yourself. Organize your time. Make a list and prioritize the important activities. Be realistic about what you can and cannot do. Do not put your entire focus on just 1 day (i.e., Thanksgiving Day), remember it is a season of holiday sentiment, and activities can be spread out (time-wise) to lessen stress and increase enjoyment.
- 2. Remember the holiday season does not banish reasons for feeling sad or lonely; there is room for these feelings to be present, even if the person chooses not to express them.
- 3. Leave "yesteryear" in the past and look toward the future. Life brings changes. Each season is different and can be enjoyed in its own way. Don't set yourself up in comparing today with the "good old' days." Find time to help others.
- 4. Enjoy activities that are free, such as driving around to look at holiday decorations; going window-shopping without buying; making a snowperson with children.
 - 5. Be aware that excessive drinking will only increase your feelings of depression.
 - 6. Try something new. Celebrate the holidays in a new way.
- 7. Spend time with supportive and caring people. Reach out and make new friends or contact someone you have not heard from for awhile.

- 8. Save time for yourself! Recharge your batteries! Let others share responsibilities of activities.
- d. <u>Can Environment Be a Factor?</u> Recent studies show that some people suffer from seasonal affective disorder (SAD), which results from fewer hours of sunlight as the days grow shorter during the winter months. Phototherapy, a treatment involving a few hours of exposure to intense light, is effective in relieving depressive symptoms in patients with SAD.

Other studies on the benefits of phototherapy found that exposure to early morning sunlight were effective in relieving seasonal depression. Recent findings, however, suggest that patients respond equally well to phototherapy, even when it is scheduled in the early afternoon. This has practical applications for antidepressant treatment since it allows the use of phototherapy in the workplace as well as the home.

Section Two: Injury Statistics

This section provides information on the total number of DOC injuries for the past 5 years and analyzes the types of injuries across DOC. The information in Chart 1 reflects statistics through November 2004. Due to late submissions, processing limitations, and to ensure the accuracy of the information, this section will continue to include information up to the previous month. The data presented in the charts and tables are based upon DOC WC program records.

<u>Incidence Rate</u>: The incidence rate (IR) represents the number of injuries and illnesses per 100 full-time workers and is calculated as follows:

$$IR = \frac{N}{EH}(200,000)$$

N = Number of injuries and illnesses

EH = Total hours worked by all employees during the year¹

200,000 = Base for 100 equivalent full-time workers

(40 hours per week, 50 weeks per year)

¹ The total hours worked were determined based on the total number of employees and the average hours.

The DOC WC keeps records of all injury and illness claims, including those that did not include any lost-work time. An accounting of all incidents allows followup and more comprehensive program review by safety representatives. However, the incident rates from those records are not directly comparable, since they include many minor injuries and illnesses that are not considered "work-related" under OSHA standards for private industry. Injury rates may be skewed as safety awareness increases and employees are encouraged to report all injuries, causing total injury rates to increase despite improvements to safety. Using standardized OSHA recordable incident reporting helps to reduce inconsistent reporting. An OSHA recordable incident is a work-related injury or illness that resulted in one or more of the following: medical treatment beyond first aid, a significant injury or illness diagnosed by a physician or other licensed health care professional, days away from work, restricted work or transfer to another job, loss of consciousness, or death.

Table 1A provides data that corresponds to the OSHA recordable injury criteria. The remaining tables and charts include data for all cases submitted to the Workers' Compensation Program.

Chart 1
Historical Total Case Incidence Rate Trend

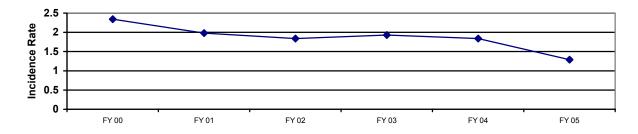
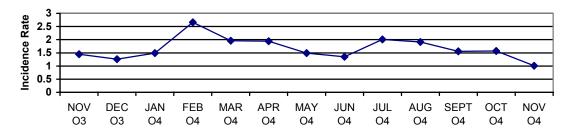


Chart 2

Monthly Total Case Incidence Rate Trend

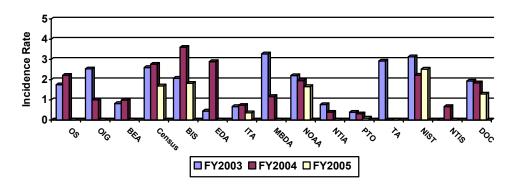


Major findings include:

- The FY 2005 Total Case Incidence Rate (TCIR) to date for DOC is down from the rate for FY 2004 and FY 2003. The TCIR is 1.29 (see Chart 1) for FY 2005, 1.84 for FY 2004, and 1.93 for FY 2003. A total of 74 total injuries have been reported thus far for FY 2005 (see Table 1).
- Of the larger bureaus (i.e., bureaus with more than 500 employees), the National Oceanic and Atmospheric Administration (NOAA), the Bureau of the Census, the International Trade Administration (ITA), and the Office of the Secretary (OS) had lower TCIRs to date for FY 2005 when compared to FY 2004 (see Chart 3).
- Of the smaller bureaus (i.e., bureaus with less than 500 employees), only one injury was reported to date in FY 2005.
- The Total Recordable Case Incidence Rate (TRCIR) for DOC is down from previous years. The TRCIRs for DOC are 1.08 for FY 2005, 1.50 for FY 2004, and 1.48 for FY 2003 (see Table 1A).

Chart 3

Total Case Incidence Rate Comparison



<u>Types of Injuries</u>: Many of the injuries reported can be prevented through improved safety awareness and proper maintenance. A Departmental and bureau focus on eliminating injuries and illnesses continues to be essential. Evaluating the types of claims submitted and structuring safety awareness training programs to eliminate accidents can assist in the mitigation of injuries and illnesses. Information on types of injuries is provided in Charts 4 and 5 and Tables 2 and 2A.

• "Slips/Falls" injuries accounted for 26 percent of all injuries in FY 2004 (see Chart 4). The trend continues to be about the same when compared to 27 percent of injuries

reported to date in FY 2005 (see Chart 5). Many of the slips and falls reported in FY 2005 were attributed to slips and falls on uneven walking surfaces. Spills on floors caused several slips and falls. Employees should use caution and be attentive to the condition of walking surfaces and report spills to the Building Facility Office.

- "Struck By" injuries accounted for 28 percent of those reported in FY 2004 (see Chart 4). To date, FY 2005 "struck by" injuries have decreased to 25 percent (see Chart 5). Over one half of the "struck by" injuries reported so far in FY 2005 were due to motor vehicle accidents.
- "Exertion" injuries accounted for 25 percent of all injuries in the DOC for FY 2004. During FY 2005 "exertion" injuries have accounted for 30 percent of all injuries to date. Lifting and moving objects in the workplace account for many of these injuries. Employees should use proper lifting techniques or seek the assistance of DOC movers.

Chart 4
Injury Type as Percentage of Total Injuries for FY 2004

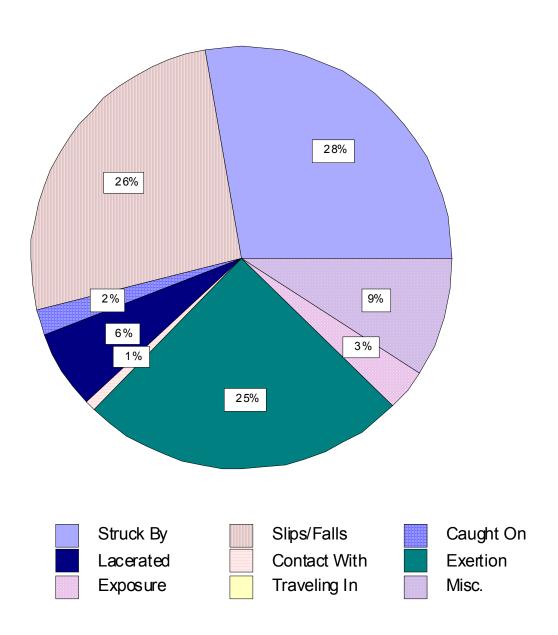


Chart 5
Injury Type as Percentage of Total Injuries "to date" for FY 2005

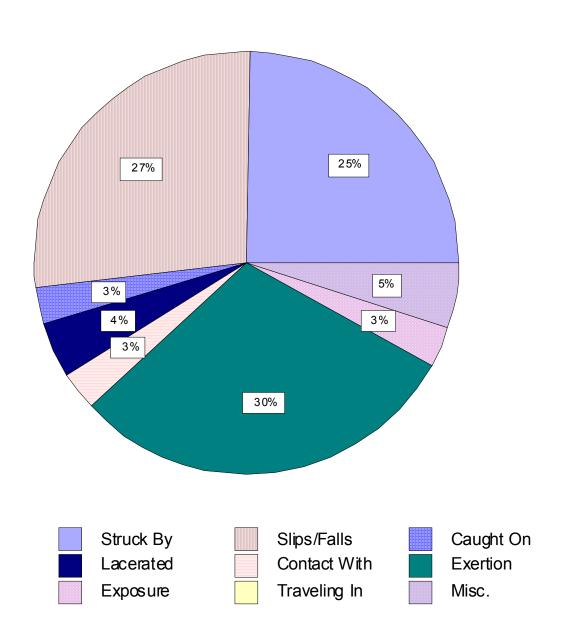


TABLE 1
TOTAL CASE INCIDENCE RATE* (TCIR)

	FY2000		FY2001		FY2002		FY2003		FY	2004		ctober 2004	November 2004		FY 2005 (To Date)	
															Act	ual
Bureau	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Office of the Secretary	35	3.94	22	2.47	23	2.88	14	1.75	17	2.21	0	0	0	0	0	0
Office of Inspector General	4	2.98	3	2.15	1	0.82	3	2.53	1	1.00	0	0	0	0	0	0
Bureau of Economic Analysis	1	0.23	5	1.12	4	1.03	4	0.82	5	0.99	0	0	0	0	0	0
Bureau of the Census	383	2.83	393	2.41	241	2.33	252	2.60	286	2.76	20	2.35	9	1.05	29	1.69
Bureau of Industry and Security	15	4.06	9	2.44	9	2.56	7	2.07	12	3.60	0	0	1	3.64	1	1.82
Economic Development Administration	4	1.69	5	2.08	6	2.60	1	0.45	6	2.89	0	0	0	0	0	0
International Trade Administration	24	1.23	12	0.62	18	1.08	11	0.67	12	0.73	1	0.72	0	0	1	0.36
Minority Business Development Agency	3	3.40	4	4.36	2	2.31	3	3.27	1	1.17	0	0	0	0	0	0
National Oceanic and Atmospheric Administration	307	2.69	247	2.18	228	2.04	246	2.20	219	1.95	17	1.82	14	1.50	31	1.66
National Telecommunications & Information Administration	2	0.87	7	3.03	6	2.55	2	0.77	1	0.39	0	0	0	0	0	0
Patent and Trademark Office	29	0.50	31	0.55	24	0.38	24	0.39	19	0.31	1	0.19	0	0	1	0.10
Technology Administration	0	0	0	0	0	0	1	2.92	0	0	0	0	0	0	0	0
National Institute of Standards and Technology	79	2.82	68	2.34	76	2.58	90	3.13	59	2.22	6	2.75	5	2.29	11	2.52
National Technical Information Service	4	2.15	1	0.52	4	2.38	0	0	1	0.67	0	0	0	0	0	0
TOTAL	890	2.34	807	1.98	642	1.84	658	1.93	635	1.84	45	1.57	29	1.01	74	1.29
Decennial Census 2000	4798	6.7	32	13.3		•	•	•	•	•	•	•		•	•	-

[•] Total Case Incidence Rate includes all cases reported to the Workers' Compensation Program.

Note: Population fluctuations can have a serious positive or negative impact on the Total Case Incidence Rate

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TABLE 1A TOTAL RECORDABLE CASE INCIDENCE RATE* (TCIR)

	TOTAL RECORDABLE CASE INCIDENCE RATE											IX)					
	FY2000		FY2001		FY2002		FY2003		FY2004		October 2004		November 2004		FY 2005 (To Date)		
				 		1						1		1	Act	Actual	
Bureau	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	
Office of the Secretary	30	3.38	17	1.91	22	2.75	12	1.50	15	1.95	0	0	0	0	0	0	
Office of Inspector General	3	2.24	3	2.15	1	0.82	3	2.53	1	1.00	0	0	0	0	0	0	
Bureau of Economic Analysis	0	0	5	1.12	3	0.77	3	0.62	5	0.99	0	0	0	0	0	0	
Bureau of the Census	345	2.55	332	2.04	212	2.05	184	1.90	232	2.22	15	1.76	8	0.93	23	1.34	
Bureau of Industry and Security	13	3.52	8	2.17	9	2.56	7	2.07	10	3.00	0	0	1	3.64	1	1.82	
Economic Development Administration	4	1.69	5	2.08	6	2.60	0	0	6	2.89	0	0	0	0	0	0	
International Trade Administration	22	1.13	11	0.57	10	0.60	11	0.67	10	0.61	1	0.72	0	0	1	0.36	
Minority Business Development Agency	2	2.27	4	4.36	2	2.31	2	2.18	1	1.17	0	0	0	0	0	0	
National Oceanic and Atmospheric Administration	289	2.53	225	1.98	203	1.81	196	1.75	185	1.64	13	1.39	12	1.28	25	1.34	
National Telecommunications & Information Administration	2	0.87	5	2.16	3	1.27	2	0.77	1	0.39	0	0	0	0	0	0	
Patent and Trademark Office	29	0.50	31	0.55	24	0.38	24	0.39	19	0.31	1	0.19	0	0	1	0.10	
Technology Administration	0	0	0	0	0	0	1	2.92	0	0	0	0	0	0	0	0	
National Institute of Standards and Technology	66	2.36	55	1.89	59	2.00	58	2.01	31	1.17	6	2.75	5	2.29	11	2.52	
National Technical Information Service	4	2.15	1	0.52	3	1.78	0	0	1	0.67	0	0	0	0	0	0	
TOTAL	809	2.13	702	1.72	557	1.60	503	1.48	517	1.50	36	1.26	26	0.91	62	1.08	
Decennial Census 2000	4798	6.70	32	13.3		•	•	•	•	•		•	•	•	•		

• Total Case Incidence Rate includes all cases reported to the Workers' Compensation Program.

Note: Population fluctuations can have a serious positive or negative impact on the Total Case Incidence Rate.

Table 2

INJURY TYPES BY BUREAU AGENCIES WITH MORE THAN 500 EMPLOYEES

Through November 2004

BUREAU	I	NOAA	1	CE	NSUS	5 **		NIST PTO ITA				os			TOTAL				
Fiscal Year	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	
Struck By/Against An Object	55	63	6	45	77	10	26	23	2	5	6	0	3	0	0	3	1	0	325
Falls/Slips	59	39	6	96	91	11	21	12	2	12	4	0	6	8	1	2	5	0	375
Caught On An Object	12	5	2	3	0	0	7	2	0	0	0	0	0	1	0	1	1	0	34
Cuts/Bites	5	12	1	19	23	1	1	3	0	1	1	1	0	0	0	0	0	0	68
Contact With An Object	5	1	1	5	5	1	0	0	0	4	0	0	0	0	0	0	0	0	22
Exertion/ Motion	73	62	9	51	65	6	22	14	7	2	6	0	0	3	0	8	5	0	333
Exposure To Chemicals/ Elements	9	7	2	18	11	0	3	1	0	0	0	0	1	0	0	0	1	0	53
Traveling In Car/Metro/ Taxi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous*	22	30	4	10	14	0	8	4	0	0	2	0	1	0	0	0	4	0	99
TOTAL	240	219	31	247	286	29	88	59	11	24	19	1	11	12	1	14	17	0	1309

^{*} Miscellaneous includes injuries not covered in the standard OSHA types of injuries. These include twisting/bending injuries, emotional/psychological stress injuries, injuries which exacerbate a preexisting condition resulting in conditions such as heart attack, seizures, and stoke.

^{**} Decennial Census claims were omitted to provide a clearer picture of injury trends.

Table 2A

INJURY TYPES BY BUREAU AGENCIES WITH LESS THAN 500 EMPLOYEES

Through November 2004

BUREAU	OIG ESA/BEA			Z A		EDA		TA			NTIS			NTIA			MBDA			BIS			Total		
Fiscal Year	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	03	04	05	
Struck By/Against An Object	0	0	0	1	3	0	1	3	0	0	0	0	0	0	0	1	0	0	0	0	0	2	3	1	15
Falls/Slips	1	0	0	1	1	0	0	2	0	0	0	0	0	0	0	0	1	0	2	0	0	2	4	0	14
Caught On An Object	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Cuts/Bites	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Contact with an Object	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Exertion/ Motion	1	1	0	1	1	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	3	3	0	13
Exposure To Chemicals/ Elements	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Traveling In Car/Metro/ Taxi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Miscellaneous*	1	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	5
Total	3	1	0	4	5	0	1	6	0	1	0	0	0	1	0	2	1	0	3	1	0	7	12	1	49

^{*} Miscellaneous includes injuries not covered in the standard OSHA types of injuries. These include twisting/bending injuries, emotional/psychological stress injuries, injuries which exacerbate a preexisting condition resulting in conditions such as heart attack, seizures, and stroke.

